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Bib Data Sheet

CONFIRMATION NO. 4752

<b>SERIAL NUMBER</b> 10/088,937	<b>FILING DATE</b> 09/30/2002 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> VAS-5511A	
<b>APPLICANTS</b> Geoffrey H. White, Birchgrove, AUSTRALIA; Mark Dehdeshatian, Costa Mesa, CA; Teodoro S. Jimenez Jr, Corona, CA; Weiyun Yu, Birchgrove, AUSTRALIA;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US00/26239 09/25/2000 <i>checked UC</i>					
<b>** FOREIGN APPLICATIONS *****</b> AUSTRALIA PQ 3029 09/23/1999 <i>checked UC</i>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>3/19/04</i> Examiner's Signature <i>[Signature]</i> Initials		<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 30452					
<b>TITLE</b> Pre-shaped intraluminal graft					
<b>FILING FEE RECEIVED</b> 1020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		